

Dementia: assessment, management and support for people living with dementia and their carers.

NICE guideline NG97:

<b>NICE Guideline</b>	<b>Our response</b>	<b>Issues</b>
<p>Provide people living with dementia with a single named health or social care professional who is responsible for coordinating their care</p>	<p>Dementia Community Support Team provides a Care Navigator in Southend, Castle Point and Rochford. Care Navigator acts as a single named contact for person with dementia and their carer from pre-diagnosis to end of life.</p>	<p>Dementia navigators have not yet been assigned the role formally; a mapping exercise on capacity and resource needs to be completed first to ensure this is possible. IT is also a potential barrier to dementia navigators becoming the named co-ordinator of care as they are not able to access S1.</p>
<p>Offer a range of activities to promote wellbeing that are tailored to the person's preferences. In people living with mild to moderate dementia:</p> <ul style="list-style-type: none"> <li>- Offer group cognitive stimulation therapy</li> <li>- Consider group reminiscence therapy</li> <li>- Consider cognitive rehabilitation or occupational therapy to support functional ability</li> </ul>	<p>Dementia Community Support Team facilitate a range of groups including and activity group, motivational men's group and carer's peer support group and a music and memories reminiscence group.</p> <p>Dementia friendly care home toolkit has been designed which encourages care homes to offer activities.</p> <p>Progressing with 'Therapy For You' the introduction of Cognitive Stimulation Therapy.</p>	<p>Most of the groups take place in Southend. The offer is still currently limited in Castle Point and Rochford due to team constraints. Further IBCF funding has been secured in both Southend and CPR and there is a planned expansion of group activity.</p>
<p>Pharmacological interventions for Alzheimer's disease</p>	<p>NICE makes several pharmacological recommendations. They are currently being worked through with medicine management team and the GP clinical leads.</p>	<p>The issue of primary care initiating the prescription has been contentious but following a mapping meeting in December 2018 it was found that the cohorts identified are relatively small so GP clinical leads agreed they would recommend to colleagues at the Drugs and Therapeutic committee in March.</p>

<p>From diagnosis, offer people living with dementia, flexible needs-based palliative care that takes into account how unpredictable dementia progression can be.</p>	<p>Integrated Care plan has been created which will be on SystemOne, owned by the GP, and can be completed and accessed by a range of care professionals involved in the person's care.</p> <p>Advanced Care Planning is offered through both the clinical and community teams.</p>	<p>Integrated Care Plan needs to be trialled in a couple of GP surgeries and then a protocol written and agreed to be used in conjunction with the integrated care plan.</p>
<p>Offer carers of people living with dementia a psychoeducation and skills training intervention. Advise carer's about their right to a Carer's Assessment and an assessment of their need for respite care. Be aware that carers of people living with dementia are at an increased risk of depression.</p>	<p>Dementia Navigators signpost carers to the Carer's Hub (Southend) or to Adult Social Care (Castle Point &amp; Rochford).</p> <p>Carer's Wellbeing Course facilitated by the Dementia Community Support Team.</p> <p>Working with IAPT on a pathway for older people and people with dementia.</p>	
<p>Care and support providers should provide:</p> <ul style="list-style-type: none"> <li>- All staff with training in person-centred and outcome-focused care</li> <li>- Additional face-to-face training and mentoring to staff who deliver care and support to people living with dementia.</li> </ul> <p>Health and social care professionals who advise people living with dementia should be trained in starting and holding difficult and emotionally challenging conversations. Ensure all staff are aware of their responsibilities regarding confidentiality and providing information to family and carers.</p>	<p>Dementia Training Pathway (Foundation and Level 1) available in Southend to staff in care setting.</p> <p>Training in Southend Hospital is now part of mandatory training for all hospital staff. Training is delivered by Dementia &amp; Older People's Community Mental Health Manager &amp; Dementia Community Support Team Manager.</p>	
<p>Ensure the hospitals have robust mechanisms in place for assessing delirium in people with dementia including:</p> <ul style="list-style-type: none"> <li>- At admission, a full clinical delirium assessment, whenever indicators of delirium are identified</li> <li>- Cognitive tests administered on</li> </ul>	<p>DIST Team screens delirium assessments on patient's that have been admitted to hospital with dementia.</p> <p>Delirium processes will be identified as per the NICE guidance.</p>	

<p>admission and again before discharge</p> <ul style="list-style-type: none"><li>- Delirium screening and assessment fully documented in the patient's notes (regardless of outcome)</li><li>- Care offered in concordance with the delirium evidence-based recommendations where the assessment indicated symptoms of delirium</li><li>- Results recorded on the electronic discharge summary.</li></ul> <p>Ensure staff receives training in delirium and its relationship to dementia manifestations of pain, and behavioural and psychological symptoms of dementia.</p>		
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